

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	70		10-03-00
<b>O.I.P.E. CLASSIFIER</b>	11		10-10-00
<b>FORMALITY REVIEW</b>	NF	5C855	10-30-00
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      i ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	
15	11-2
14	6-3
13	03-04
12	✓ ✓
2	1
3	1
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11	
12	
13	✓ ✓
14	
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19	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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